Under the Paperwo	rk Reduction Ac	t of 1995, no pers	ons are required t	o respond to a collect	tion of information	unless it displays	a valid OMB control num	be
Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2006				Complete If Known				
				plication Number	10/774,7	10/774,706		
				ng Date	February	February 9, 2004		
				st Named Inventor	Lester F	Lau		
				Examiner Name Popa, Ileana				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1633				
TOTAL AMOUNT OF PAYMENT (\$)510.00				omey Docket No.	l05031.0	05031 0008 NPUS01		
METHOD OF PAYMEN	T (check all	that apply)						
Check Credit	Card N	Aoney Order	None	Other (please	identify):			_
Deposit Account	Deposit Account	Number: <u>08-303</u>	88	Deposit Accour	nt Name: <u>Howre</u> y	LLP		_
For the above-ider	tified deposit a	account, the Dir	ector is hereby	authorized to: (che	ck all that apply)		
Charge fee(s	indicated belo	w		Charge fee(s) indicated belo	w, except for th	e filing fee	
Charge any a	dditional fee(s	or underpayme	ents of fee(s)	Credit any or	verpayments			
warning: Information on t information and authorization	1.16 and 1.1	ecome public. Cr	edit card inform	ation should not be	included on this	form. Provide cre	dit card	
FEE CALCULATION			ue upon filing	or may be sub	ject to a surc	harge.)		
1. BASIC FILING, SEA	ARCH, AND	EXAMINATIO	N FEES					
	FILING F	EES	SEARCH		EXAMINA	TION FEES		
		imall Entity	- (A)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Application Type	Fee (\$) 300	Fee (\$) 150	Fee (\$) 500	250	200	100	1 005 1 010 (0)	
Utility	200	100	100	50	130	65		
Design		100	300	150	160	80		
Plant	200		500	250	600	300		
Reissue	300	150	0	0	0	0		
Provisional	200	100	U	U	v	-	Small Entity	
2. EXCESS CLAIM FEES						Fee (\$)	Fee (\$)	
Fee Description Each claim over 20 (including Reissues)						50	25	
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent claims						360	180	
				Paid (\$)		Multiple Der Fee (\$)	endent Claims Fee Paid (\$)	
- 20 or H		xx				1.66.141	10010101	
HP = highest number of total Indep. Claims	Extra Cla		e(\$) Fees	Paid (\$)				
- 3 or HF		x						
HP = highest number of inde		oaid for, if greater	than 3					
3 APPLICATION SIZ	FFFF							
If the enecification	n and drawin	gs exceed 100	sheets of pap	oer (excluding el	ectronically f	iled sequence of	or computer	
listings under 37	CFR 1.52(e)	, the applicati	on size fee du	ie is \$250 (\$125	for small enti	ty) for each ad	ditional 50	
	Extra Sheets	Nur	nber of each a	dditional 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)	
- 100 =	-0-	/50=	(rou	nd up to a whole n	umber) x	0	Fee Paid (\$)	
4. OTHER FEE(S)								
Other (e.g., late filing surcharge): Petition for Extensin of Time (3 month at small entity rate)								
Petition for Exter	isin of Time	3 month at sr	nan entity rat	e)			\$510	
SUBMITTED BY	1.	$\overline{}$						_
Signature Registration No. 36, 107 (Attorney/Agent)							none (312) 595-14	_
Name (Print/Tyne) Doy	rid M. Claur	h Ph D				Date S	September 6, 200	16

Name (PrintType) David W. ClayAn Ph.D.

This collection of information is required to obtain or retain a benefit by the public which is to file (and by the Control of the